

KidConnections - Physician Report – Ages 7 & Under

FORM REQUIRED PRIOR TO FIRST DAY AT CAMP

Child's Name

Date of Birth

Please complete the following questions regarding the child's general health.

Does the child have any physical condition which would restrict them from participating in any activities?

☐ Yes ☐ No

If yes, please describe

Does the child require any special attention, medication, or routines?

☐ Yes ☐ No

If yes, please describe

In your opinion, is the child physically and emotionally able to participate in a large group setting and activities? ☐ Yes ☐ No

Physician's Signature

Date

(An individual with Prescriptive Authority,
i.e. Doctor, Certified Nurse Practitioner,
Physician Assistant, etc.)